Attach W-2 and other withholding forms here

Utah State Tax Commission (801) 297-2200 or 1-800-662-4335

Utah Individual Income Tax Return All State Income Tax Dollars Fund Education

TC-40 Rev. 12/02

3

| | 02 through December 3 , and ending | per 31, 2002 or other taxable ading date | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------|----------------------------------------------------------|------|--|--|--|--|--|--|--|--|
| Your Social Security number | | ENTER CO AMENDED | DE (1 - 5) FO RETURN | 1 - Amended IRS re 2 - Corrected state r 3 - IRS audit/adjustr | eturn 5 - Other | oss | | | | | | | | |
| | Your full name (first, middl | e initial, last) | | | ✓ Decease | | | | | | | | | |
| Spouse's Social Security number | Spouse's name (first, midd | dle initial, last) | | | ☐ 2002 or 2 | 2000 | | | | | | | | |
| | | | | | Daytime telephone number | 2003 | | | | | | | | |
| ^ | Mailing address | | | () | | | | | | | | | | |
| 1 IMPORTANT! 1 | City | | State | ZIP code + 4 | Evening telephone number | | | | | | | | | |
| Social Security Number(s) Required | Foreign city | | Foreign | state & zip | Foreign country | | | | | | | | | |
| • 1. Filing status (page 5) If filing married join return, enter spous | se's name claimed o | ons (enter the same num on federal return) (page 5) | ber | 3. Election campaigr (Checking a party does not it | n fund (page 5) ncrease your tax or reduce your reful | 1 (| | | | | | | | |
| a. Single and social security the address area a | number in | , (1 0 , | one else, can | _ | Yourself Spouse | | | | | | | | | |
| b. Head of household | ● b . Sp | ourself If parents, or some claim you (or your dependents, enter | spouse) as "0") | Democrat Green | | 12 | | | | | | | | |
| c. Married filing joint return d. Married filing separate return | C. Ot | her dependents | | Libertarian Natural Law | | ' | | | | | | | | |
| e. Qualifying widow(er) | | sabled (<i>attach form TC-40</i> tal exemptions |)D) | Republican | R | 13 | | | | | | | | |
| | | <u>'</u> | 0.6.11 0.4 | No Contribution | | 1 | | | | | | | | |
| 4. Federal adjusted gross income from fede | , | | | , ,, , | | 00 | | | | | | | | |
| 5. State income tax deducted as an itemize 6. Additions to income (page 6 - add lines 6 | • | | | page 6) | 5 | 00 1 | | | | | | | | |
| 5. State income tax deducted as an itemize 6. Additions to income (page 6 - add lines 6 CODES for 6a - 6f 6a. on page 6 6b. | CODE | total additions to income t | CODE | | | 1 | | | | | | | | |
| 6a - 6f 6a. • | 00 6c. ● | 00 | 6e. ● | 00 | | | | | | | | | | |
| _ | 00 6d. ● | 00 | 6f. ● | 00 | 6 | 00 1 | | | | | | | | |
| - Total adjusted moonle (add mics 4 till | ough 6) | | | | | 00 1 | | | | | | | | |
| 8. Standard or itemized deduction (page 6) | Standard or itemized deduction (page 6) | | | | | | | | | | | | | |
| Personal exemptions deduction. Multiply | \$2,250 by line 2e. (If the a | mount on line 4 is greater | than \$103,00 | 0, see page 7) | | 00 1 | | | | | | | | |
| 10. One-half of the federal tax (page 7) | | | | | | | | | | | | | | |
| 11. State tax refund included on line 10 of fe 12. Retirement exemption/deduction - chec | | | • 🗆 | Taxpayer is 65 or older | 11 (| 00 | | | | | | | | |
| 12. Retirement exemption/deduction - chec | " • | • | 12 | Spouse is 65 or older | 12 | 00 2 | | | | | | | | |
| 13. Other deductions (pages 8 and 9 - add | lines 13a through 13f and code | enter the total other deduc | tions on line code | 13) | | 2 | | | | | | | | |
| 13a - 13f 13a. • | 00 13c. ● | | 3e. ● | 00 | | | | | | | | | | |
| on page 8 13b. ● | 00 13d. ● | 00 | 13f. ● | 00 | | 20 | | | | | | | | |
| 14. Total deductions (add lines 8 through | • | II | | | | 00 2 | | | | | | | | |
| 15. Utah 2002 taxable income (subtract I | ine 14 from line /) it less | tnan zero, enter zero. | | | 15 | 00 2 | | | | | | | | |
| 16. CALCULATE INCOME TAX (MUST REA | AD INSTRUCTIONS on pag | ge 10) Worksheet on page | 17 • 16 | 00 | | 2 | | | | | | | | |
| X Y FOR NON OR DART VEAR RECIDENT | | | | | | 2 | | | | | | | | |
| 17. FUR NUN UR PART-YEAR RESIDENT | | · | | | | _ | | | | | | | | |
| Following the instructions on page 10, c | | | | | | 2 | | | | | | | | |
| Nonresident. Home state abbrevia | | | // 02 | / 02 to// 02 | | | | | | | | | | |
| The information in the boxes below is Box a. From Column A, line 29 Box b. F | | | 7 | | (Multiply the decimal in | 2 | | | | | | | | |
| | | and the second s | * 17 | 00 | "Box c" by line 16.) | 29 | | | | | | | | |

| Uta | ah lı | ncome Ta | x Ret | urn TC | -40 (20 | 02) Page | 2 | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|-----------|-------------------|------------------|-----------|---------------|---------------|-------------------------------------|-----------|------------------|-----------------------------------|-----------------|----------------|----------|----------------|-----------------|----|
| | 18. | Enter tax | amou | nt (if fu | II-year l | Jtah resid | ent, ent | er tax | from lin | e 16 - | if non or part-ye | ear resid | ent, ente | er tax f | from line 17) | | | 18 | | 00 |
| DITS | 19. Credit for income tax paid to another state (page 10). Attach state form TC-40A, PART 1. Nonresidents do not qualify for this credit. Attach a signed copy of each state return for which you are claiming credit for taxes paid. | | | | | | | | | | | | • | 19 | | 00 | | | | |
| NONREFUNDABLE CREDITS | 20. | 20. Nonrefundable credits (pages 10 through 13 - add lines 20a through 20f and enter the total nonrefundable credits on line 20) | | | | | | | | | | | | | | | | | | |
| ABLE | | CODES | or | ı | CODE | | | 00 | | CODE | | 00 | | CODE | | 00 | | | | |
| UND: | | 20a - 20f on page | | 20a. ● 20b. ● | | | | 00 | 20c. ● 20d. ● | | | | 20e. ● 20f. ● | | | 00 | | 20 | | 00 |
| NRE | • | on page | | | If claimi | ng the Qu | | | | | cash contributi | | |)2), wr | | | | | | |
| 9 | | | | | | | ed Work | shop | name he | ere: | | | | | | | | | | |
| | | Subtotal | ` | | | , | | | | | | | | | | | | 21 | | 00 |
| 22. Subtract line 21 from line 18 (Note: if line 21 is greater than or equal to line 18, enter zero) | | | | | | | | | | | | | | 00 | | | | | | |
| | 23. Contributions (page 13 - 14) 23a. Homeless trust fund | | | | | | | | | | | | | | 00 | | | | | |
| TAX | | | | | | | | | | | | | | 00 | - | | | | | |
| S TO | 255. Nati Oscarson childrens organi transpiant fund | | | | | | | | | | | | 00 | - | | | | | | |
| MOL | | | | | | | | | | | | | 00 | - | | | | | | |
| USE TAX\ADDITIONS TO TAX | | | | | | es 23a thi | | | | | orioor district oc | | | <u> </u> | 200 | | 00 | 23 | | 00 |
| TAX | 24. | | | , | | | • | , | | | | | | | | | | 24 | | 00 |
| USE | | | | | | (page 14) | | | | | | | | | | | | 25 | | 00 |
| | | Utah use | | | | ., | | | | | | | | | | | | 26 | | 00 |
| | | | | - | | ons to ta | x (add li | ines 2 | 2 throug | ıh 26) | | | | | | | | 27 | | 00 |
| _ | | | | | | | | | | | | | | | | | | | | |
| CREDITS | | | | | | | | | | | (page 14) | | | | | | * | 28 | | 00 |
| CRE | 29. Credit for Utah income taxes prepaid (page 15) | | | | | | | | | | | | • | 29 | | 00 | | | | |
| | 30. AMENDED RETURNS ONLY - previous payments (page 15) | | | | | | | | | | | | • | 30 | | 00 | | | | |
| WITHHOLDING AND | 31. Refundable credits (page 15 - add lines 31a through 31f and enter the total refundable credits on line 31) CODE CODE CODE | | | | | | | | | | | | | | | | | | | |
| | | CODES 1 31a - 31f | | 31a. ● | | | | 00 31c. ● | | | | 00 | 31e.● | • | | 00 | | | | |
| H | | on page | 15 | 31b. ● |) | | 00 | | 31d. ● | | | | 31f. ● | 00 | | 00 | | 31 | | 00 |
| M | | If claiming the nonresident shareholder's tax credit (code 43), enter your federal ID number | | | | | | | | | | | | | | | | | | |
| | 32. | Total wit | hhold | ling an | d credi | ts (add lir | nes 28 t | throug | gh 31) | | | | | | | | | 32 | | 00 |
| 끡 | 33. | Tax due | - If line | e 27 is | larger th | an line 32 | l, subtra | ct line | 32 from | line 2 | 7. This is the a | mount y | ou owe | | | | | | | |
| TAX DUE | | | | | | | | | | | 16 about payme ommission, 21 | | | | | TAX DUE | | 33 | | 00 |
| _ | | USE IIIE E | ilveio | pe end | Joseu (| n man pa | ymem | 10 016 | an State | Iax C | 01111111331011, 21 | 0 14 193 | U W, 3L | <u> </u> | 04134-0200 | | | | | |
| | 34. | | | | | | | | | | 32. This is you | | | | | REFUND | : | 34 | | 00 |
| | | | | • | | | | | | | mmission, 21 | | - | • | | | | | | |
| REFUND | | | | | | | | | | | our refund will b next year's ta | | | Г | (1 0 / | | 00 | 7 ⊿ Amo | ount to be | |
| 쀭 | | | | | | • | | . , , | | | • | | | • | 35 | | 00 | appl | lied to 2003 | |
| | 36. | | | | | | | | | | account? If you | | | | DEPOSIT, pro | vide the | | | | |
| routing and account information below. You will not receive a check in the mail. (See page 16) Routing number Account number What type | | | | | | | | | | | e of accou | nt is it? | | | | | | | | |
| | | • | | | | | • | | | | | | | | | • | | ecking ount | Savings account | |
| | dous | annoltino d | f mari | مام ا بسر | alara th | nt to the he | | ı, kanı | uladaa a | nd hali | of this voture of | | | 00000 | lulaa vaflaat m | v tena tov ote | | oun. | | |
| Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status. SIGN Your signature Signed Spouse's signature (if filling jointly, both MUST sign even if only one had income) Date signed | | | | | | | | | | | | | | | | | | | | |
| HERE | | | | | | | | | | | | | | | | | | | | |
| | _ | Paid - | raid pi | Check it self-employed | | | | | | | | | ⊬repar | rer's Social Security no. or PTIN | | | | | | |
| | Prep | arer's | Firm's | s name (or yours if self-employed) | | | | | | | | Telepho | one number | nber E.I. number | | | | | | |
| | Se | ction | Paid pr | Paid preparer's complete address | | | | | | | | City | | | State | | ZIP code | | | |
| | | | | | | | | | | | | | | | | | | | | |